



GOLF AND COUNTRY CLUB SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Completed, signed, and dated PHLI Golf and Country Club Application
- Completed ACORD Application(s)
- Currently valued insurance company loss runs for the current policy period plus three (3) prior years
- Plot plan of clubhouse, cart barn, and equipment storage buildings
- Web site address

GENERAL INFORMATION

1. Club Name:
2. Number of members:
3. Number of holes:
4. Number of employees:
5. FEIN:
6. Estimated Gross Annual Receipts* for the following:
 * Question #6 does not need to be completed if an income statement or audited financials are included in the submission.

a. Membership dues / initiation fees	\$
b. All other fees (Greens, Golf Carts, Locker Rooms, Tournaments, etc.)	\$
c. Pro Shop revenue (if owned)	\$
d. Snack bar / restaurant receipts (other than Liquor)	\$
e. Liquor sales	\$
7. Number of rounds played per year:
8. Amenities offered (check all that apply):

Beauty Shops	Horseback Riding
Child Care / Day Camp Service	Hunting
Baby Sitting Service	Skeet / Trap Ranges
Hotel or Guest Quarters	Private Beach
Aerobics / Fitness Center	Marina / Yacht Club
Steam Room / Saunas / Tanning Beds	Watercraft
Skiing	Other-Please Describe Below:

Please provide a brief description of these amenities:
9. Is the "Golf Pro" an:

Employee	Independent contractor	
Is the Pro Shop:	Owned by the club	Operated independently
Does the club obtain a certificate of insurance from the Pro?		Yes No
If operated independently what is the square footage of the leased premises:		
10. Are certificates of insurance, which include naming the club as an additional insured, obtained and kept in file for all contracted work?

	Yes	No
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PROPERTY

1. What is the protection class of the property?
If Protection Class is 7 or higher, what is the source of water supply?
2. Distance to closest fire hydrant? Distance to fire department?
Is the fire department Paid Volunteer
3. Does the property have aluminum wiring? Yes No
If yes, has it been retrofitted with one of the PIC approved connectors by a licensed electrician? Yes No
Indicate which one: COPALUM? Yes No AlumiConn? Yes No
Date Updated:

GOLF CARTS AND GOLF COURSE

1. Total number of riding golf carts:
2. Golf carts are: Owned Leased
3. Where are golf carts stored?
4. If stored under the clubhouse, is there a firewall between the ceiling of the cart storage and the clubhouse floor? Yes No
5. How powered? Gas Electric/Battery
6. If gas carts, does the cart barn building have proper ventilation? Yes No
7. When was the last electrical maintenance visit performed?
8. Does the insured require a signed Golf Cart Rental Agreement for all renters of a cart? Yes No
9. Does the rental agreement include the procedures for the safe use of the cart? Yes No
10. Does the club have a lightning warning and notification system in place? Yes No
If yes, please describe:
11. A signature tree located on the club's golf course grounds can be covered up to \$50,000 per tree. If the club has a signature tree that it would like to cover; please describe the type and location of the tree and provide a photo.
12. Does the club apply pesticides, herbicides, or fertilizers to its golf course grounds or is that service provided by a contractor?
If contracted out, does the club obtain certificates of insurance confirming pollution liability coverage from all contractors? Yes No
If the club performs the work, are all Applicators certified and registered by a federal or state agency to use pesticides, herbicides, or fertilizers? Yes No

MAINTENANCE EQUIPMENT

1. Where is the maintenance equipment stored?
2. How much value is stored at one time? \$

SWIMMING POOL**N/A**

- | | | | | | | |
|----|---|-----|----------------------------|--------------------------------|-----|----|
| 1. | Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? If no, provide timetable and action plan: | | | | Yes | No |
| 2. | Number of pools on premises: | | | | | |
| 3. | Is the pool fenced? | | | | Yes | No |
| 4. | Number of diving boards: | | Height of diving board(s): | | | |
| | Depth of pool at entry from the diving board(s): | | | | | |
| | If you have a diving board over three (3) meters attach a photo. | | | | | |
| 5. | Does the club have any water slides? If yes, attach a photo. | | | | Yes | No |
| 6. | Are lifeguards on duty? | Yes | No | If no, is a sign posted? | Yes | No |
| 7. | Does the club sponsor swim teams? | Yes | No | Do you sponsor diving teams? | Yes | No |
| | If yes, are waivers required? | Yes | No | Do you provide transportation? | Yes | No |

SNACK BAR OR RESTAURANT**N/A**

- | | | | | | | |
|----|---|---------|------------|--|-----|----|
| 1. | Operated by: | Insured | Concession | | | |
| 2. | If concession, does lessee provide certificates of insurance naming club as an additional insured? | | | | Yes | No |
| 3. | What type of extinguishing system is installed over cooking facilities?
Does the system cover the deep fat fryers? | | | | Yes | No |

DWELLING OR RENTAL PROPERTY**N/A**

- | | | | | | | |
|----|--|--|--|--|-----|----|
| 1. | Does the club have any dwellings or rental property?
If yes, please describe the use of the property: | | | | Yes | No |
| | If habitational, does the property have: | | | | | |
| | fire extinguishers? | | | | Yes | No |
| | hard-wired heat/smoke detection? | | | | Yes | No |
| | second means of egress from the property? | | | | Yes | No |
| 2. | Hotel/guest quarters: Total number of rooms: | | | | | |
| 3. | Are rooms available to members and their guests only?
If no, please describe: | | | | Yes | No |

DAY CARE SERVICES**N/A**

- | | | | | | | |
|----|---|--------------|-----------------------|--|-----|----|
| 1. | Does the club provide day care services?
(Please note day care means child care service while parent/guardian is on the premises of the club.) | | | | Yes | No |
| 2. | What are the ages of the children? | | | | | |
| | Under Age 5: | Age 6 to 10: | Over 10 Years of Age: | | | |

DAY CAMP SERVICES

N/A

1. Does the club operate a day camp? Yes No
If yes, the following information must be completed:
2. What is the counselor to children ratio? (Ex.: 4 children per counselor)
3. Number of children in the following age groups:
 0 to 5: 6 to 10: Over 10 years of age:
4. Available to member's children only? Yes No
5. Any field trips off premises?
 If yes, please describe: Yes No
6. Does the club do a criminal background check on all counselors? Yes No
7. Does the club do a child abuse background check on all counselors? Yes No
8. How long do the day camps run? (Ex: first two weeks of August)
9. Daily hours? (Ex: 9 am to 2 pm Monday to Friday)
10. Does the club provide any transportation? Yes No
 If yes, please describe:

DIRECTORS & OFFICERS / EMPLOYMENT PRACTICE LIABILITY

N/A

THIS SECTION IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.

DIRECTORS & OFFICERS LIABILITY INFORMATION

1. Does the Applicant have a tax-exempt status under the U.S. Internal Revenue Code? Yes No
 If no, provide an explanation:

FINANCIAL INFORMATION	CURRENT FISCAL YEAR	PREVIOUS FISCAL YEAR
Total Assets:	\$	\$
Net Assets / Fund Balance:	\$	\$
Annual Revenue:	\$	\$
Net Revenue:	\$	\$

3. Provide a list of all direct and indirect subsidiaries or any other entity or organization the Applicant controls:

Name / Type of Business	Percent the Applicant Owns/Controls	Date Created / Acquired	For Profit / Non-Profit
I.E.: ABC Foundation / Charitable Foundation	100%	01/01/2000	Non-Profit

Additional entities listed by attachment

4. Has the Applicant or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? If yes, please attach details. Yes No
 Any disciplinary action by any regulatory agency or association? Yes No
 Any administrative proceeding charging violation of a federal or state law or regulation? Yes No
 Any other criminal actions? Yes No

EMPLOYMENT PRACTICE LIABILITY INFORMATION

1. Please provide the following employee count information:
 U.S. based employees:
 Total Full-Time: _____ Total Part-Time: _____
 Volunteers: _____ Temporary: _____
 Leased: _____ Total Non U.S. based employees: _____
TOTAL SUM OF ABOVE: _____
2. Is any reduction of employees or change of status anticipated in the next year?
 Voluntary: _____ Involuntary: _____ Layoffs: _____
3. Does the Applicant have an employment handbook? Yes No
4. Does the Applicant use an employment application for every potential employee? Yes No
5. Does the Applicant use outside employment counsel for employment advise? Yes No

CURRENT COVERAGE:

COVERAGES	Insurance Company	Limit of Liability	Deductible	Policy Effective Dates	Premium
D & O		\$	\$		\$
EPLI		\$	\$		\$
Fiduciary		\$	\$		\$
Workplace Violence		\$	\$		\$
Internet Liability		\$	\$		\$

WARRANTY INFORMATION

1. With respect to this coverage, has any Underwriter refused, canceled or non-renewed coverage? **(Not Applicable in Missouri)** Yes No
 If yes, please provide details:

2. As of this date, or the date on which the Applicant first applied for prior similar coverage and has maintained such prior similar coverage continuously in force, no person applying for this coverage is/was aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied, except: None
 or as noted below:

3. Have any claims, suits, or demands for arbitration that would fall within the scope of the proposed insurance been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years? None
 or as noted below:

With regard to questions 2. and 3., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

The Undersigned warrants that to the best of his/her knowledge and belief the statements set forth herein are true. The Undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Underwriter. The Underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Underwriter is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The signing of this Application does not bind the Undersigned to purchase the insurance, nor does the review of this Application bind the insurance company to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued. This Application will be attached and become a part of the policy.

Name (Please Print/Type)

Title **(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN,
CEO OR EXECUTIVE DIRECTOR)**

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

The Applicant declares that to the Best of His/Her knowledge after reasonable inquiry, that the statements herein are true and complete. The insurer is authorized (But NOT Obligated) to make any inquiry in connection with this application. Accepting this application does not bind the insurer to complete the insurance.

FRAUD NOTICE

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Insured Signature : _____ Date:

Agent Signature: _____ Date:

Agency Number: